SECTION 7
HEALTHY CHILDREN AND YOUTH
(HCY)

Medically necessary items or services normally non-covered through the DME program may be considered for participants under the age of 21. A complete list of HCY (Healthy Children and Youth) services can be found in Section 19.1 of the MO HealthNet DME manual located on the Internet at http://www.dss.mo.gov/mhd/providers/index.htm. For those items not having specific Health Care Procedure Coding System (HCPCS codes) may be considered by utilizing one of the following miscellaneous or not otherwise classified codes as appropriate for the supplies or equipment prescribed:

A9270 NU EP	A9999 NU EP	E1399 NU EP	T1999 NU EP
A9270 RP EP	A9999 RP EP	E1399 RP EP	T5999 NU EP
A9270 RR EP	A9999 RR EP	E1399 RR EP	A9900 NU EP

Section 19.1 contains the reimbursement guidelines, including required attachments, and quantity limitations. Should the participant require a quantity in excess of the established MO HealthNet limitation, the prescribing physician must provide the DME provider with documentation why the participant medically needs the requested quantity. It is important to keep in mind the documentation must clearly express the medical need for the participant, not additional quantities at the request of the caregiver or for the convenience of the caregiver.

INCONTINENCE PRODUCTS

Disposable underpads and diapers/briefs are covered for participants age four (4) through twenty (20) when:

- ⇒ The items are prescribed and determined to be appropriate where there is the presence of a medical condition causing bowel/bladder incontinence;and
- ⇒ The participant would not benefit from or has failed a bowel/bladder training program.

Protective underwear/pull-ons are covered for participants age four (4) through twenty (20) when:

- ⇒ They are prescribed and determined to be appropriate where there is presence of a medical condition causing bowel/bladder incontinence; and
- ⇒ The participant is actively participating and demonstrating definitive progress in a bowel or bladder program with reassessment of progress every six (6) months; or
- ⇒ The participant has the cognitive ability to independently care for his/her toileting needs; or
- ⇒ There is documentation of the medical necessity for pull-on protective underwear instead of diapers/briefs.

Documentation of the above noted qualifying criteria must be maintained in the provider's record. Lack of documentation may result in recoupment of claims reimbursed.

Effective for dates of service on or after June 1, 2007, claims for underpads, diapers/briefs and protective underwear/pull-ons at or below the 186 per month limit no longer requires prior authorization. Any combination of incontinence products is limited to 186 per month. Quantities in excess of 186 per month will require the amount over 186 be prior authorized. The PA request must include documentation of medical need from a physician indicating a condition causing excessive fecal or urine output. PA requests will be approved for a period of six (6) months.

ENTERAL NUTRITION AND SUPPLIES

The following enteral nutrition procedure codes should not be date spanned, but billed with a single date of service and the NU modifier. Requested amounts must be over the WIC (Women, Infant and Children) allotment. The quantities are to reflect the total number of units, calculated at one unit = 100 calories. As an example, the doctor prescribes 2 cans per day with each can containing 300 calories. The number of units billed for a 31-day month is 186. It is not necessary for a provider to bill an entire month's supply at once. If the parent/caregiver picks up enough enteral nutrition for a week or two, the provider should only bill the amount of calories dispensed at that time; however, providers may not dispense more that what was prescribed by the physician in a single month. The date of service is the date the enteral nutrition is dispensed.

B4149 EP BA	B4149 EP BO	B4150 EP BA	B4150 EP BO
B4152 EP BA	B4152 EP BO	B4153 EP BA	B4153 EP BO
B4154 EP BA	B4154 EP BO	B4155 EP BA	B4155 EP BO
B4157 EP BA	B4157 EP BO	B4158 EP BA	B4158 EP BO
B4159 EP BA	B4159 EP BO	B4160 EP BA	B4160 EP BO
B4161 EP BA	B4161 EP BO	B4162 EP BA	B4162 EP BO

The following procedure codes are to be date spanned. The number of units must equal the number of days spanned, i.e., 01/11/04-01/31/04 = 21.

B4034 EP BA NU	B4035 EP BA NU	B4036 EP BA NU	B9000 EP BA NU
B9002 EP BA NU	E0776 EP BA RR		

NOTE: If billing E0776 EP BA as a purchase (NU modifier), do not date span.

The following procedure codes are to be billed as a single date of service with only one unit. Additionally, each code is to be billed with the NU modifier.

B4081 EP BA	B4082 EP BA	B4083 EP BA	B4086 EP BA

The following procedure codes are to be billed as a single date of service along with the NU modifier. The quantity billed needs to reflect the total number of units/items dispensed according to the description of the HCPCS code and based on the physician's order.

B4100 EP BO	B4103 EP BA	B4103 EP BO	B4104 EP BA
B4104 EP BO	B9998 EP BA	B9998 EP BO	A5200 EP BA
S9434 EP BA	S9434 EP BO	S9435 EP BA	S9435 EP BO

HCY BILLING REMINDERS

- Participants must be under the age of 21
- Manually priced items requiring a prior authorization (PA) require an invoice of cost attached to the PA request.
- Manually priced items requiring a certificate of medical necessity may either attach the invoice of cost to a paper claim form or complete an electronic invoice of cost via a link within the Medical CMS-1500 format on emomed.com.
- All manually priced HCY items are priced at cost plus 20%.